



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: LAFAYETTE REGIONAL REHABILITATION HOSPITAL

City of Hospital: Lafayette

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Michael Rometry

Email Address: michaelromedy@ernesthealth.com

Medicare Provider Number: 153042

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$14126657
Outpatient Patient Service Revenue	\$834492
Total Gross Patient Service Revenue	\$14961149

2. Deductions From Revenue

Contractual Allowance	\$4669095
Other Deductions	\$0
Total Deductions	\$4669095

3. Total Operating Revenue

Net Patient Service Revenue	\$10292054
Other Operating Revenue	\$18513
Total Operating Revenue	\$10310567

4. Operating Expenses

Salaries and Wages	\$5410936	Employee Benefits	\$627389
Depreciation and Amortization	\$536886	Interest Expense	\$1915770
Bad Debt	\$-38709	Other Expenses	\$3742817
Total Operating Expenses	\$12195089		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1884522	Total Assets	\$81606329
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-83490852

Total Net Gains	\$-1884522
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$11433230	\$3022032	\$8411198
Medicaid	\$1036226	\$542233	\$493993
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$2491693	\$1104830	\$1386863
Total	\$14961149	\$4669095	\$10292054

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//